Core elements of a comprehensive multi-sectoral response to prevent suicide
&
Progress in implementing suicide prevention programmes at global level

20-21st March 2019, Moscow

Prof Ella Arensman

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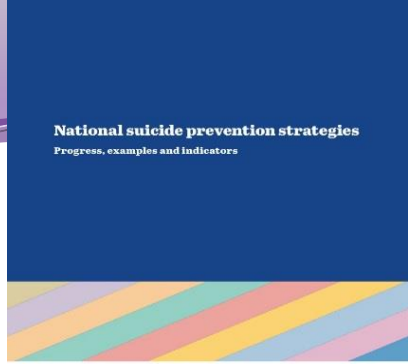
WHO Collaborating Centre on Surveillance and Research in Suicide Prevention
International Association for Suicide Prevention

Overview

- Core components of national suicide prevention programmes: An update of the evidence base
- Progress in implementing suicide prevention programmes at global level
- 1st and 2nd national suicide prevention programmes: Country examples

Core components of national suicide prevention strategies



World Health Organization

1) Surveillance	7) Crisis Intervention
2) Means Restriction	8) Postvention
3) Media	9) Awareness
4) Access to Services	10) Stigma Reduction
5) Training and Education	11) Oversight and Coordination
6) Treatment	

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Strategic actions and targeted suicide prevention activities that may reinforce the development of a national strategy

Editorial

Suicide Prevention in an International Context

Progress and Challenges

Ella Arensman

Strategic Global Developments in Suicide Prevention

Are We Making Progress in Suicide Prevention at Global Level?

global mental health

INTERVENTIONS

REVIEW

Overview evidence on interventions for population suicide with an eye to identifying best-supported strategies for LMICs

A. Fleischmann, E. Arensman, A. Berman, V. Carli, D. De Leo, G. Hadlaczky, S. Howlader, L. Vijayakumar, D. Wasserman and S. Saxena

Background

In countries where a fully developed, comprehensive national strategy is not yet in place, this should not delay targeted suicide prevention programmes, while these can contribute to a national response.

Regardless of the current level of implementation and context, countries can commence with strategic actions for suicide prevention (bottom up), e.g:

- Engaging with relevant stakeholders
- Training of health and community based professionals, and changing attitudes.
- Reducing access to means
- Building surveillance
- Raising awareness
- Engaging with the media

A community driven, regional action plan, can draw national interest and provide a basis for wider implementation.

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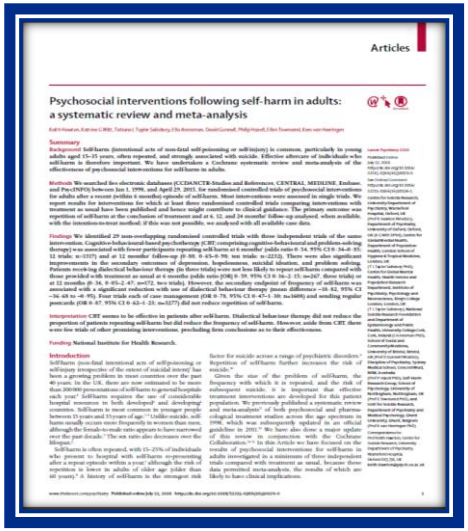
Recent systematic reviews


Articles

Suicide prevention strategies revisited: 10-year systematic review

- 'Suicide prevention strategies revisited: 10-year systematic review' *(Zalsman et al, 2016)*
- Provides an update of the evidence on effective suicide prevention interventions since 2005.


Articles

Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis

- 'Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis' *(Hawton et al, 2016)*
- Outlines the findings of a Cochrane systematic review and meta-analysis of the effectiveness of psychosocial interventions for self-harm in adults.

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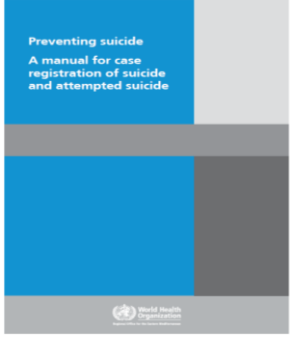
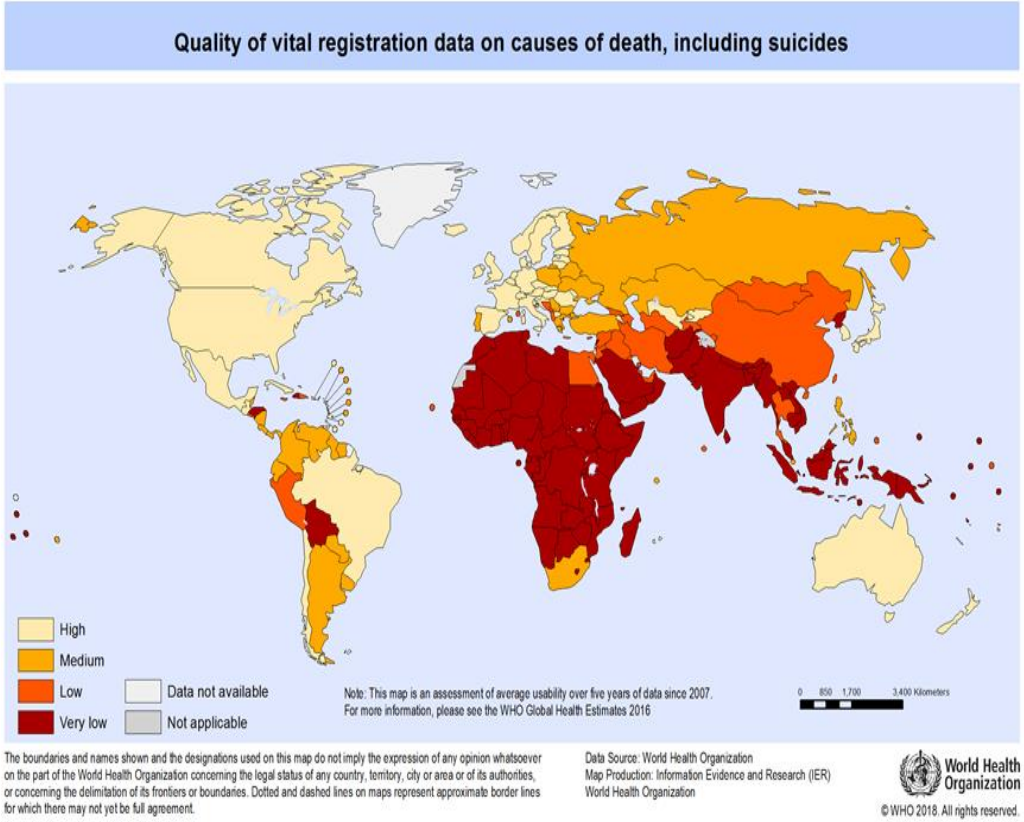


Suicide surveillance - Data Quality

- The quality and availability of data on suicide and suicide attempts is poor globally
- ONLY 20 countries are known to have gathered national survey data and 3 have national hospital-based suicide attempt data
- ONLY 60 countries have good-quality vital registration data on suicide mortality
- Improvement of surveillance and dissemination of data is necessary to inform action



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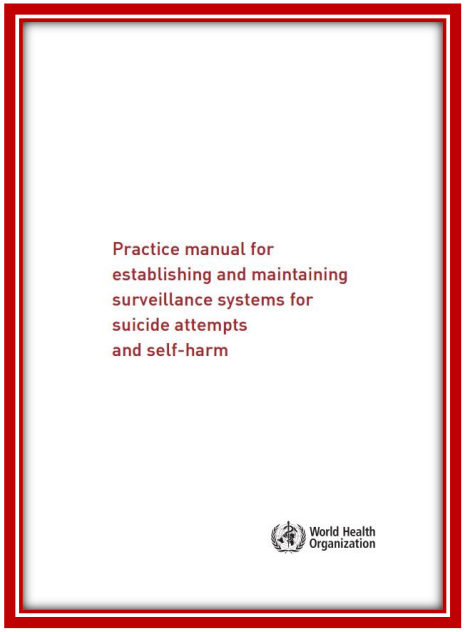
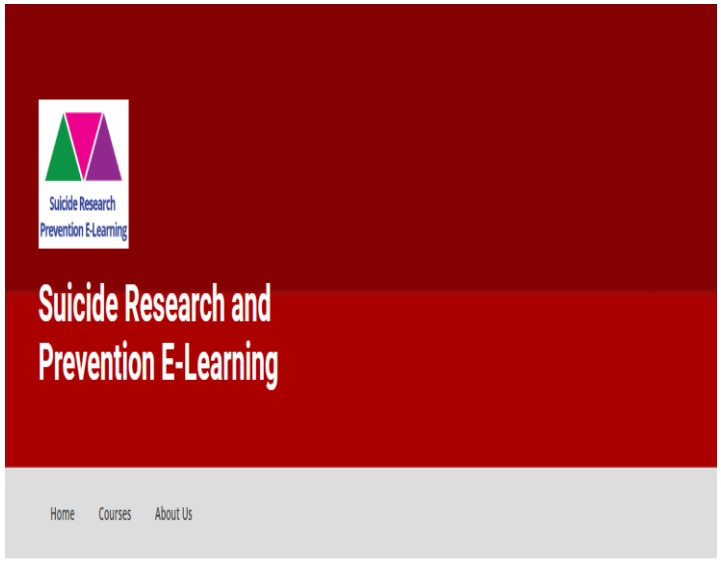
Surveillance of suicide attempts/self-harm





- Provides a tool for countries to use in setting up a public health surveillance system for suicide attempts and self-harm cases presenting to general hospitals, based on medical records *(WHO, 2016)*

https://suicideresearchpreventionelearning.com/?sfwd-courses=establishing-and-maintaining-surveillance-systems-for-suicide-attempts-and-self-harm

While there is a lack of reliable national data on the prevalence of suicide attempts/ self-harm presentations to hospital emergency departments, and the demographic and psychosocial profile of those involved, surveillance and follow-up of this high-risk group could be an initial step to building a national suicide prevention programme.

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Articles

Suicide prevention strategies revisited: 10-year systematic review


MENTAL HEALTH

The effectiveness of structural interventions at suicide hotspots: a meta-analysis

Restricting access to means

- Consistent evidence that restricting access to lethal means is associated with a decrease in suicide and that substitution to other methods appears to be limited. This is clearly a major strategy to be integrated in national suicide prevention plans (*Zalsman et al, 2016*)

- Reducing access to frequently used sites for suicide. Evidence from 18 studies showed a consistent reduction of suicide following restricted access and increased safety of the sites involved *(Pirkis et al, 2015)*

- Increasing trends of suicides involving helium gas in the Western Pacific Area and in Europe *(Chang et al, 2016; Gunnell et al, 2015)*

- Restricting access to means to be implemented in conjunction with other suicide prevention strategies/interventions.

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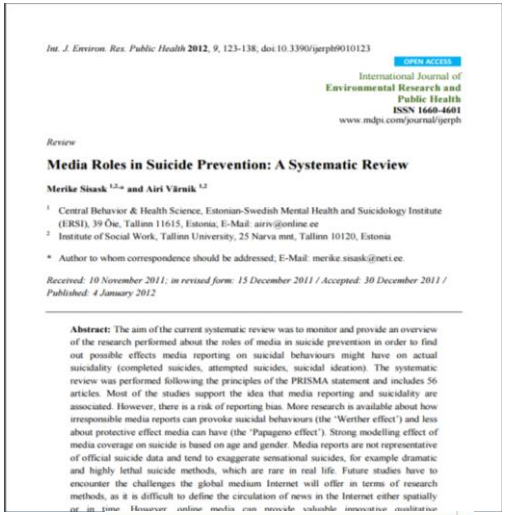
Media

- Systematic review of 56 studies *(Sisask & Varnik, 2012)*

- Most studies provided evidence for an association between sensationalised media reporting and suicidal behaviour,



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Review

Media Roles in Suicide Prevention: A Systematic Review

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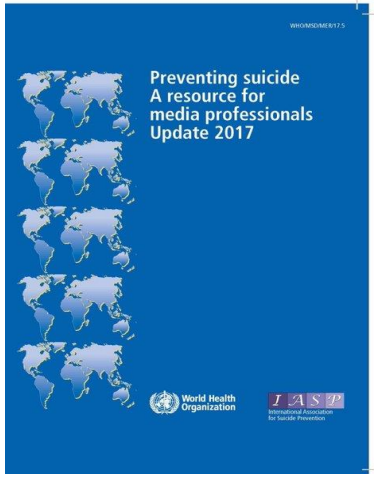
Abstract: The aim of the current systematic review was to monitor and provide an overview of the research performed about the roles of media in suicide prevention in order to find out possible effects media reporting on suicidal behaviours might have on actual suicidality (completed suicides, attempted suicides, suicidal ideation). The systematic review was performed following the principles of the PRISMA statement and includes 56 articles. Most of the studies support the idea that media reporting and suicidality are associated. However, there is a risk of reporting bias. More research is available about how irresponsible media reports can provoke suicidal behaviours (the 'Werther effect') and less about protective effect media can have (the 'Papageno effect'). Strong modelling effect of media coverage on suicide is based on age and gender. Media reports are not representative of official suicide data and tend to exaggerate sensational suicides, for example dramatic and highly lethal suicide methods, which are rare in real life. Future studies have to encounter the challenges the global medium Internet will offer in terms of research methods, as it is difficult to define the circulation of news in the Internet either spatially or in time. However, online media can provide valuable innovative qualitative

Social media

- Systematic review covering 30 studies on social media sites for suicide prevention *(Robinson et al, 2016)*
- Social media platforms can reach large numbers of individuals and may allow others to intervene following expression of suicidal behaviour
- Challenges: controlling user behaviour, possibility of contagion, and accurately assessing suicide risk, issues relating to privacy and confidentiality



Media awareness campaigns

- The role of mass media in reducing stigma and increasing help seeking behaviour.
- Indications for most promising results based on multi-level suicide prevention programmes *(Niederkrotenthaler et al, 2016)*

Media and copycat suicides and suicide attempts/ self-harm

Families blame '13 Reasons Why' for the suicides of 2 teens in California (US), April 2017)

Netflix officials defend 13 Reasons Why against claims it glamourises suicide

Dylan Minnette and Katherine Langford in 13 Reasons Why

Netflix drama series blamed for inspiring teens' suicide and attempted suicide (Austria), May 2017

'13 Reasons Why' copycat suicide in Peru, June 2017

Increase in teen suicidal behaviour linked to '13 Reasons Why', Toronto, June 2017

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Training and education

- Educating health care and community based professionals to recognise depression and early signs of suicidal behaviour are important for determining level of care and referral for treatment, and subsequent prevention of suicidal behaviour

  (Wasserman et al, 2012; Kapur et al, 2013; Coppens et al, 2014)

- Sustainability and capacity building of trainers and benefits in terms of knowledge, attitudes and confidence via a Train-The-Trainer model

  (Coppens et al, 2014; Isaac et al, 2009)

- Some indications for a link between improvements in intermediate outcomes (e.g. improved knowledge, attitudes and confidence) among health care and community based professionals and primary outcomes, e.g. reduced suicide and self-harm rates

  (Mann et al, 2005; Hegerl et al, 2011; Zalsman et al, 2016)

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Research report

Effectiveness of community facilitator training in improving knowledge, attitudes, and confidence in relation to depression and suicidal behavior: Results of the OSPI-Europe intervention in four European countries

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ABSTRACT

Background: Community facilitators (CFs), such as teachers, nurses and social workers, are well placed as gatekeepers for depression and suicidal behavior, but not properly prepared to provide preventive and supportive services. The current study aimed: (1) to improve CFs' attitudes toward depression, knowledge on suicide, and confidence to detect suicidal behavior in four European countries and (2) to identify specific training needs across regions and CF groups.

Methods: A standardized training program was provided to 1276 CFs in Germany, Hungary, Ireland, and Portugal. Attitudes toward depression, knowledge about suicide, and confidence in identifying suicidal persons were assessed before training, after training, and at three to six months follow-up. Additionally, several participants' characteristics were registered.

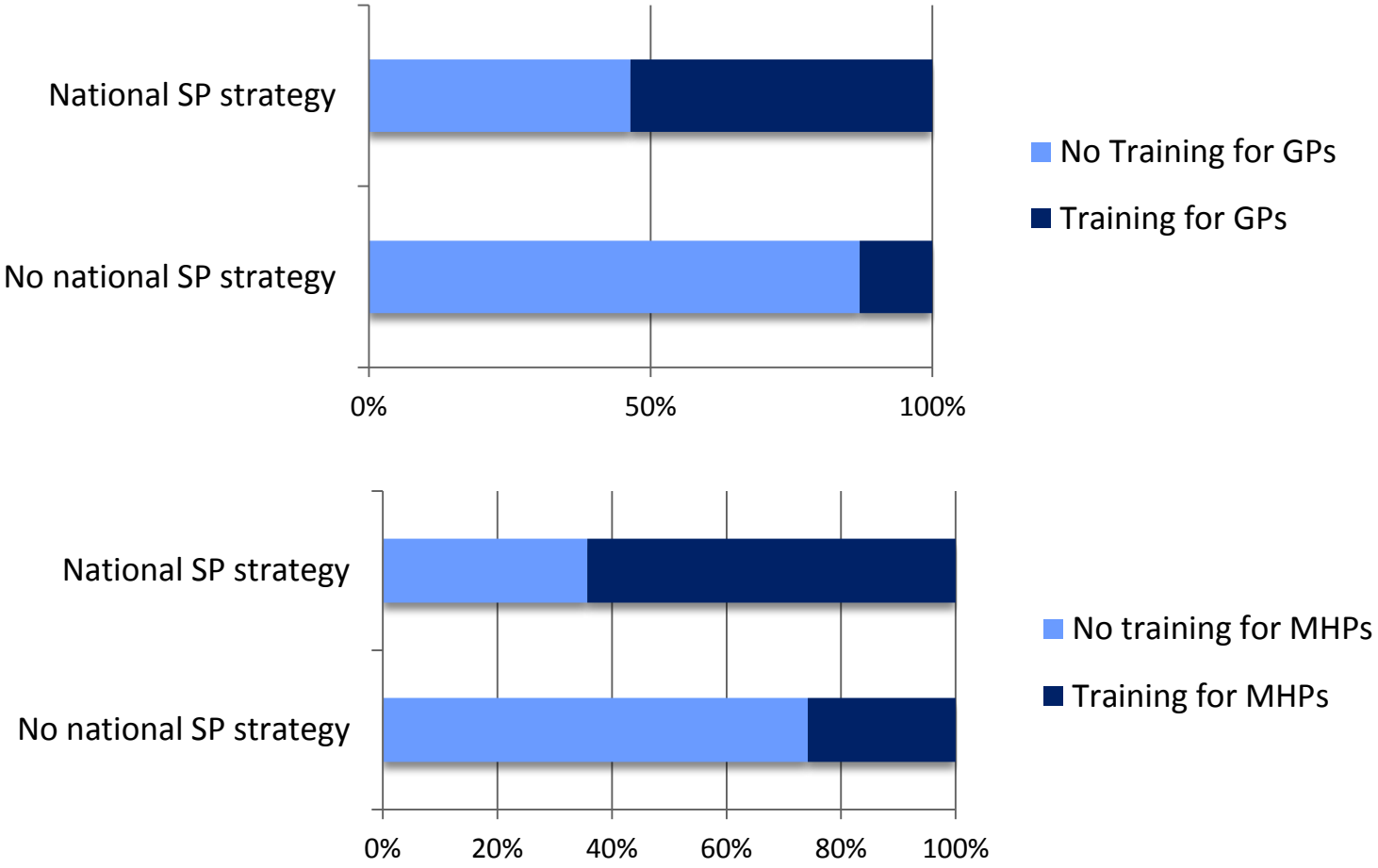
Results: At baseline, CFs showed relatively favorable attitudes toward depression, but limited knowledge on suicide, and little confidence to identify suicidal behavior. Basic skills strongly differed across CF groups and countries. For example, in Germany, carers for the elderly, nurses, teachers, and managers were most in need of training, while in Portugal pharmacists and the clergy appeared to be important target groups. Most importantly, the training program improved the competencies of CF groups across countries and these improvements were sustained after three to six months. CFs with low basic skills benefited most of the training.

Limitations: The observed training effects could be influenced by other external factors as our results are based upon a pre–post comparison with no control group.

Conclusions: Gatekeeper trainings in community settings are successful in improving knowledge, reshaping attitudes, and boosting the confidence of gatekeepers. The most effective strategy to achieve the preferred objectives is to target those CF groups that are most in need of training and to tailor the content of the training program to the individual needs of the target group.

1. Background

Availability of training programmes on suicide risk assessment & intervention



School based intervention programmes

- Quality of evaluation studies involving school based programmes has improved over the past decade

- Evidence from RCTs addressing mental health literacy, resilience and positive coping skills, suicide risk awareness and skills training impacted on reduced suicide attempts and severe suicidal ideation

Articles

Suicide prevention strategies revisited: 10-year systematic review

Increasing evidence for consistent evidence of mental health promotion programmes in secondary school settings across different cultural contexts *(Fleischmann et al, 2016; Zalsman et al, 2016; Arensman et al, 2017)*

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Effectiveness of treatments for people who have engaged in self-harm

Cochrane Library
Cochrane Database of Systematic Reviews

Psychosocial interventions for self-harm in adults (Review)

Hawton K, Witt KG, Taylor Salisbury TL, Arensman E, Gunnell D, Hazell P, Townsend E, van Heeringen K

- Updated Cochrane review *(Hawton et al, 2016)*
- Review of 55 RCTs including 17,699 participants
- Most commonly evaluated intervention: CBT-based psychological therapy
- Most of the CBT studies: one-to-one; max. 10 sessions
- At follow-up, people who had received CBT were less likely to self-harm; 6% fewer people self-harm compared to those with treatment as usual.

Articles

Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis

- For people with a history of multiple self-harm episodes, other interventions, such as Dialectical Behaviour Therapy, may reduce repeated self-harm. However, this involved only a small number of trials

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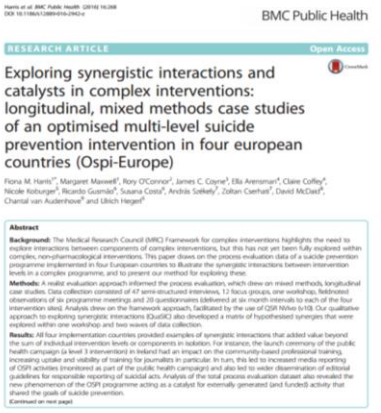
Multi-level suicide prevention programmes

- Community based interventions to improve the care for people diagnosed with depression and simultaneously address awareness and skills in early identification of suicide risk among healthcare and community based professionals (*EAAD, NOCOMIT-J)*



- Reductions in fatal and non-fatal suicidal behaviour combined **up to 32%** (*Szekely et al, 2013; Hegerl et al, 2013)*

- Proven synergistic effects of simultaneously implementing evidence based interventions *(Harris et al, 2016)*

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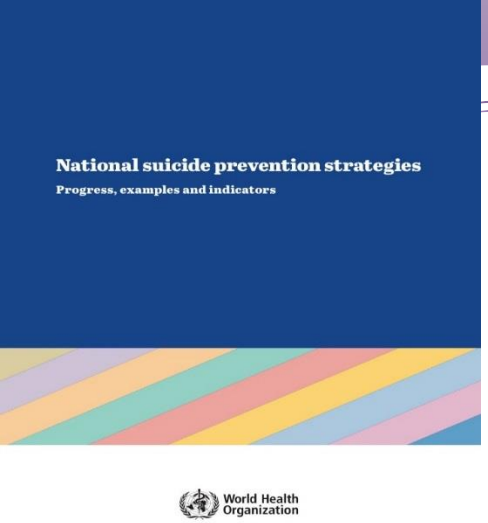
European Alliance Against Depression:
Multi-level suicide prevention programme

Reduction in suicide and suicide attempts up to 31% in 3 years
(Hegerl et al, 2013)



National Suicide Prevention Strategies: Progress and challenges

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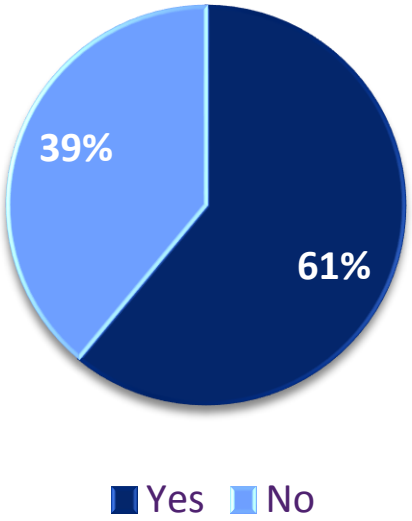
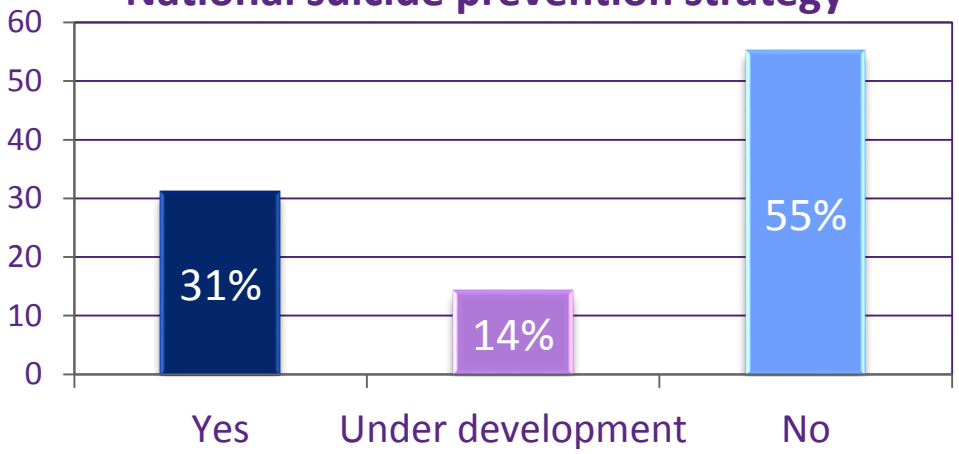
IASP-WHO Global Survey on Suicide Prevention

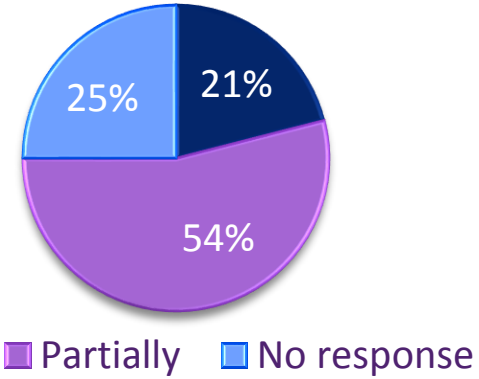
Suicide viewed by government as significant public health problem



National suicide prevention strategy



Has the national strategy been fully or partially implemented?



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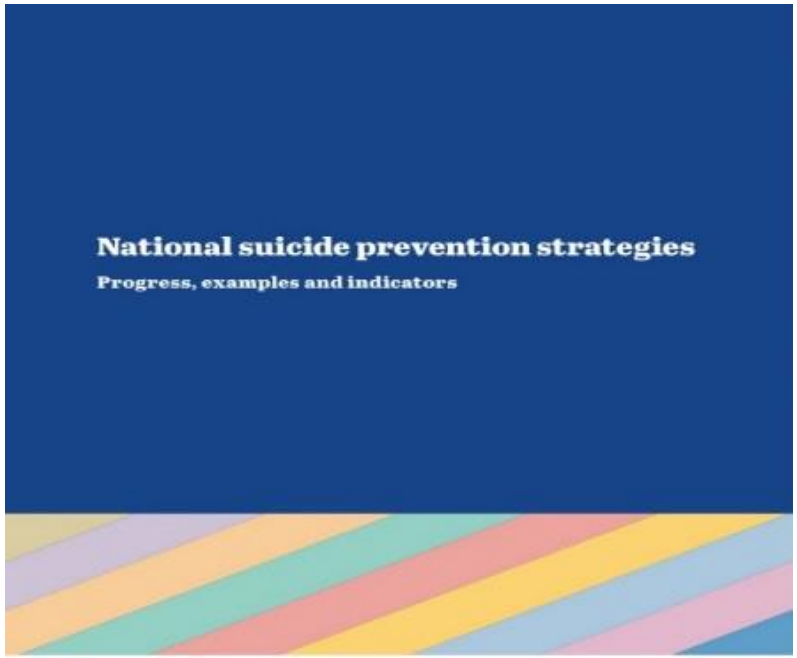
Country examples of 1st or 2nd national suicide prevention strategy

First strategy:

- Bhutan
- Guyana
- Iran
- Republic of Korea
- Switzerland
- Namibia (2nd national strategy in progress)
- Uruguay

Second strategy:

- England
- Ireland
- Sweden
- Japan
- USA



Challenges in developing and implementing national suicide prevention programmes

- Ineffective planning, co-ordination, collaboration, lack of enforcement of guidelines and insufficient resources

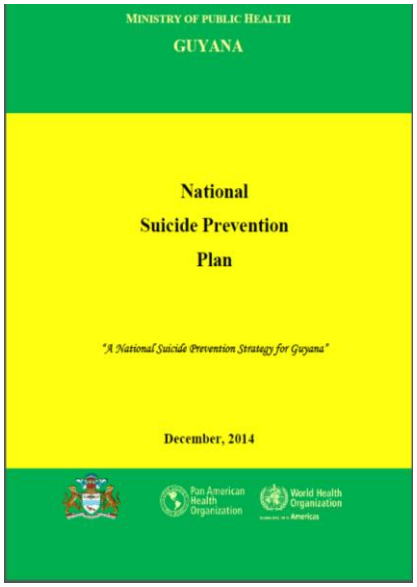
- Lack of independent and systematic evaluations of national suicide prevention programmes

- Address real-time developments, in particular, mental health needs and suicide prevention among refugees and migrants from LMICs

- Despite many challenges, encouraging developments in relation to initiating or completing national suicide prevention programmes, e.g: Lithuania, Guyana, Namibia, Afghanistan

Countries with recently completed/initiated national suicide prevention programmes despite many challenges – Examples

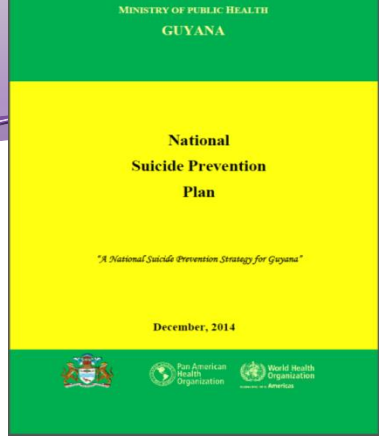
Guyana



Afghanistan

Example Guyana

Ministry of Health
Guyana



- National Suicide Prevention Plan (2015-2020)
- High rate of suicide: 44.2 suicides per 100,000 people in 2012 (WHO)
- Long-term criminalisation of suicide and attempted suicide
- Universal interventions, targeting the whole of a population to reduce access to means and reduce inappropriate media coverage of suicide.
- The Strategy relies on cross-cutting values and principles:

  1) Universal health coverage; 2) Human rights; 3) Evidence-based practice – and interventions for treatment and prevention; 4) Life course approach;

Example Afghanistan

- National Suicide Prevention Strategy in Development
- In 2014, the suicide rate in Afghanistan was 5.7 per 100,000 people (WHO)
  - However, the accuracy of the suicide data is limited
- The Afghan Ministry of Public Health (MoPH) reported 4,466 self-poisoning and 4,136 self-immolation cases in 2014 across Afghanistan, where suicides exceed deaths by homicide and war combined annually
- The strategy is based on the following key values, respect for diversities; sensitiveness to socio-culture-religious and gender issues; promotion of the society dignity and respect for the human rights of people.

Connecting for Life
Ireland's National Strategy to Reduce Suicide, 2015-2020

Strategic Goals of the Strategy (7 goals and 69 actions):

1. To improve the nation's understanding of and attitudes to suicidal behaviour (fatal and non-fatal), mental health and wellbeing

2. To support local communities' capacity to prevent and respond to suicidal behaviour

3. To target approaches to reduce suicidal behaviour and improve mental health among priority groups

4. To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour

5. To ensure safe and high quality services for people vulnerable to suicide

6. To reduce and restrict access to means of suicidal behaviour

7. To improve surveillance, evaluation and high quality research relating to suicidal behaviour

Connecting for Life

Ireland's National Strategy to Reduce Suicide 2015-2020

Innovative aspects of *Connecting for Life*

- Whole-of-Government engagement, cross-sectoral collaboration and multi-agency approach to suicide prevention

- A focus on formal accountability, adequate response, and openness for change in line with emerging evidence-based initiatives
- Evaluation and high-quality research with regard to suicidal behaviour by tracking the progress of the strategy implementation against set indicators over the next five years
- Outcomes framework including primary, secondary and intermediate outcomes

How IASP can facilitate the development and implementation of national suicide prevention programmes

- Disseminating information and exchange of information and expertise via IASP National Representatives
- Sharing of best practice and evidence based intervention and prevention programmes via IASP Special Interest Groups and Task Forces
- Supporting the development of national and regional suicide prevention programmes
- World Congresses and regional congresses
- World Suicide Prevention Day
- Advisory role and close collaboration with WHO

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